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Mar 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 720690 (7)

1. Corporation Name
WALSINGHAM APARTMENTS INC.



Principal Place of Business Mailing Address
14531 WALSINGHAM ROAD OFFICE #125 LARGO FL 34644 US
14531 WALSINGHAM ROAD OFFICE #125 LARGO FL 33774-3341 US

3. Date Incorporated or Qualified 04/09/1971
3a. Date of Last Report 01/30/1996

2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country 25
2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country 30
4. FEI Number 59-1788276 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
BAUM, DALE E.
14171 HETRICK CIRCLE, SOUTH
LARGO FL 34644
10. Name and Address of New Registered Agent
81 Name LAMBERT, EUGENE
82 Street Address (P.O. Box Number is Not Acceptable) 11403 ORKHURST RD.
83
84 City LARGO FL 85 Zip Code 33774

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Eugene Lambert, EUGENE LAMBERT, MANAGER DATE 2-19-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	MILLER, JAMES	1.1 TITLE PD	MILLER, JAMES
STREET ADDRESS 1051 N ELMWOOD	AURORA IL	1.2 NAME	45 BIRCHTREE ST.
CITY-ST-ZIP		1.3 STREET ADDRESS	HOMOSASSA, FL. 34446
TITLE VP	CARBONARO, JOSEPH	1.4 CITY-ST-ZIP	
NAME	1464 ORANGE STREET	2.1 TITLE VP	KELLEY, MICHAEL
STREET ADDRESS	CLEARWATER FL	2.2 NAME	610 STATE ST.
CITY-ST-ZIP		2.3 STREET ADDRESS	YORKVILLE, IL. 60560
TITLE VP	MILLER, FRANK	2.4 CITY-ST-ZIP	
NAME	BOX 61 BARNARD ROAD	3.1 TITLE	
STREET ADDRESS	GRANDVILLE MA	3.2 NAME	
CITY-ST-ZIP		3.3 STREET ADDRESS	
TITLE SD	BLAND, JAMES	3.4 CITY-ST-ZIP	01034
NAME	619 PRAIRIE	4.1 TITLE	
STREET ADDRESS	PLANO IL	4.2 NAME	
CITY-ST-ZIP		4.3 STREET ADDRESS	
TITLE TD	LEDEN, OTTO	4.4 CITY-ST-ZIP	34446
NAME	738 DUNCAN DRIVE	5.1 TITLE	
STREET ADDRESS	AURORA IL	5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
TITLE		5.4 CITY-ST-ZIP	60506
NAME		6.1 TITLE	
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James Miller, President DATE 2-28-97 (352) 382-4303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE # 0051806

CR2E037 (9/96)